

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Dakota

CASE MANAGEMENT SERVICES

A. Target Group:

See Attached.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attached

E. Qualification of Providers:

See Attached

TN No. 90-01  
Supersedes  
TN No. 87-8

Approval Date 2/13/90

Effective Date 10/1/89

HCFA ID: 1040P/0016P

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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## A. Target Group

The person for whom Medicaid participates in the cost of case management services must:

- (1) Be Medicaid eligible; and
- (2) For an adult - Be chronically mentally ill in accordance with NDCC 57-38-01, which states:

"Chronically mentally ill" means a person who, as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with the person's capacity to remain in the community without verified supportive treatment or services of a long-term or indefinite duration. This mental disability must be severe and persistent, resulting in a long-term limitation of the person's functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

This does not include persons with the infirmities of aging, or a primary diagnosis of mental retardation or chemical dependence, or

"Children with serious emotional disturbance" are persons:

- \* up to age 21,
- \* who currently have a diagnosable mental, behavioral, emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV,
- \* that resulted in functional impairment of 50 or less on the GAF scale of the DSM-IV which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

These disorders include any mental disorders (including those of biological etiology) listed in DSM-IV or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM-IV "V" codes, substance use, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance.

Children must meet the GAF score criteria of 50 or less to initiate this service. Children who would have met functional impairment criteria during the prior year without the benefit of treatment or other support services are included in this definition.

Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

## (3) Be determined:

- \* to be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
- \* to be in need of long-term mental health services.

## D. Definition of Services

Case management is a combination of functions that assist individuals in gaining access to needed medical, social, educational and other services. The goals of the service are to promote maximum independence and successful community living for chronically mentally ill persons, to minimize reliance on costly services, and to maintain accountability and continuity of services for as long as services are needed. Case management must make all the following components available:

## (1) Crisis Intervention

- a. Assesses the crisis situation and makes any necessary referrals to ensure that the child receives the most appropriate and cost-effective services from professional treatment providers.
- b. Provide ongoing monitoring to ascertain likely and emerging crises of the recipient.
- c. Advocate for the use of the least restrictive service available, and coordinate alternative arrangements where indicated and as available.

## (2) Functional Assessment

A written comprehensive assessment of a person's abilities, deficits, and needs must be conducted. Persons from relevant disciplines should be used to document service gaps and unmet needs. All services appropriate to the recipient's needs should be part of this activity.

## (3) Individual Treatment Plan Development

The plan is specifically tailored to the needs of each recipient and includes specific goals, objectives, services to be provided, responsible persons, projected timeliness, and criterion for attainment. To the maximum extent possible, the development of an individual treatment plan is a collaborative process involving the recipient, the family or other support systems, the case management provider, and other service providers if applicable.

## CONTINUATION PAGES FOR SUPPLEMENT 1 TO ATTACHMENT 3.1-A

## (4) Service Mobilization, Coordination, and Monitoring

Service mobilization, coordination, and monitoring consists of developing a supportive relationship with the child that links the child to counseling, crisis intervention, problem solving and community living skills training that is provided by other professional treatment providers. Activities required to link the child to services specified in the plan are operationalized, and consultation is provided to providers and formal/informal support systems. Reviews are conducted to assure that the services continue to be appropriate, that the recipient is engaging in activities specified in the individual treatment plan, and that progress and satisfaction is evaluated by the recipient and significant others.

## E. Qualifications of Case Management Providers

Case management for individuals who are chronically mentally ill will be limited to staff employed in regional human service centers or federally recognized Indian tribes or Indian Tribal Organizations in order to ensure that the case managers are capable for ensuring that recipients receive the full range of services they need. Qualifications for staff of human service centers performing case management are: 1) a Bachelor's or Master's Degree in social work, psychology, counseling or occupational therapy; 2) a registered nurse; 3) a licensed physician, psychologist, social worker or addiction counselor, 4) a Bachelor's Degree in vocational rehabilitation, physical therapy, child development and family science, human resource management, communication disorders, severely multihandicapped, special education, sociology or criminal justice with at least two courses in mental illness, or (5) a four year bachelor's degree and the equivalent of three full years (36 months) of actual direct experience in providing services to individuals who are chronically mentally ill.

Qualifications for staff of federally recognized Indian tribes or Indian Tribal Organizations performing case management must be certified and have completed 30 hours of training on responsibilities of care coordinators using the wrap around process. They must also demonstrate that they possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population they are serving. Supervisors must be certified by passing a competency test, complete 12 hours of training concerning care coordination supervision and philosophy of the wrap around process and hold a bachelors or masters degree in social work, psychology or other human service field.